



# 2006 Army Worldwide Food Service Workshop

## Policy and Doctrine Update

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# Agenda



- Status and Use of Revised DA Pam 30-22
- Key future changes to AR/DA Pam 30-22
- Key Questions and DA Pam Guidance



# Questions



1. How long should I keep these Food Program Records?
2. How do I get new products into my dining facility?
3. What do I do if I get bad subsistence?
4. Does ACES know that AR 735-5 has been updated?
5. How does this BDFA thing work?
6. Why Risk Management?
7. What is an Action Plan?



# Status of Revised DA Pam 30-22



- Last year
- Staffing delays
- Working with editor
- Re-drawn forms
- Estimated publication 30 April 2006
- Effective 30 days after



# Using the Revised DA Pam



- Electronic publishing only: [www.usapa.army.mil](http://www.usapa.army.mil)
- Clean text changes
- Edition date/Summary of changes
- Access Forms through Army Publishing website
- Improvements
  - Figure links
  - Form links
  - Explanation of form usage
  - Figures at end of chapter



# Key Future Changes to 30-22



- Incorporate MTSS Guidance
- CONOPS Morale Sustaining Events
  - Current policy in AR 30-22 para 3-44j
  - AOR request
  - Update CONOPS guidance in chapter 4 to authorize the following special events:
    - VIP or distinguished visitor visits
    - Semi-annual unit moral sustaining events
    - Monthly promotion and birthday events
    - Transfer of authority events



# Key Future Changes to 30-22



- Incorporate JWOD guidance
  - Public Law (JWOD Act- 1938, rev 1971)
  - Federal Acquisition Regulations (FAR sup-part 8.7)
  - Presidential Committee designates items for NISH & NIB
  - 7700 items, 35 food, 15 affect garrison operations
  - List is updated periodically, [www.jwod.gov](http://www.jwod.gov)
  - Closing the loop



# Current JWOD Food Items

|                  |                        |
|------------------|------------------------|
| 8915-00-228-1945 | Potatoes, White, Fresh |
| 8915-00-456-6111 | Potatoes, White, Fresh |
| 8920-00-782-6353 | Pancake Mix (PV)       |
| 8920-00-823-7221 | Cake Mix (PV)          |
| 8920-00-823-7223 | Cake Mix (PV)          |
| 8920-00-NSH-0001 | Bakery Mix (PV)        |
| 8920-01-250-9522 | Pancake Mix (PV)       |
| 8950-01-079-6942 | Paprika, Ground (PV)   |
| 8950-01-254-2691 | Garlic Powder (PV)     |
| 8950-01-E60-5749 | Paprika, Ground (PV)   |
| 8950-01-E60-5750 | Paprika, Ground (PV)   |
| 8950-01-E60-5751 | Garlic Powder (PV)     |
| 8950-01-E60-5752 | Garlic Powder (PV)     |
| 8950-01-E60-5753 | Garlic Granulated (PV) |
| 8950-01-E60-5754 | Garlic Granulated (PV) |





# Key Future Changes to 30-22



- Contracting Changes
  - FPM must lead the PWS development team
  - All areas of DA Prototype must be addressed in PWS, including:
    - Type of service
    - Contingency requirements for addition or reduction of service
    - Increases for mobilization/deployment/peak training loads
    - Number of facilities
    - Reduction of services upon demobilization
    - Termination
    - And more...
  - Installation garrison PWSs sent to ACES for approval prior to being advertised to commercial community



# How long should I keep these Food Program Records?



# DA Pam Guidance on Records Retention



## AR 30-22 guidance

## DA Pam 30-22 guidance

- Files (para 1-5)
  - “T” records
  - “K” records
    - “No longer needed for conducting business” defined:
    - Minimum 6 months active/inactive
    - One year active/inactive
      - (Projects, reviews, ration requests)
    - Six years
      - (Construction/Modernization projects)
- Deferred payment records



# How do I get new products into my dining facility?



# DA Pam New Product Guidance



## Steps to getting new items into DFAC (3-12 & App. I):

1. Identify need
2. Check compatibility with menu standards, Item Description Guides (Appendix I), and BDFA
3. Contact Prime Vendor
4. Schedule a demo or demo with cutting
  - a. Key similarities
  - b. Key differences



# DA Pam New Product Guidance



## Steps to getting new items into DFAC (Cont'd):

### 5. Conduct cutting

- a. Blind
- b. Without vendors present
- c. Using DA 7456
- d. Then invite vendors back to discuss price and other variable (training, POS, etc)

### 6. Complete new item request form (DA 7457)



| EVALUATION FORM  |                          |                          |                                     |                                     |                                     |                                     |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4. |                          |                          |                                     |                                     |                                     |                                     |
| PRODUCT NAME   |                          |                          | PRODUCT NUMBER/LETTER               |                                     |                                     |                                     |
| BBQ Ribs   |                          |                          | C                                   |                                     |                                     |                                     |
|  | UNACCEPTABLE             |                          | NEUTRAL                             |                                     | GREAT                               |                                     |
|  | 1                        | 2                        | 3                                   | 4                                   | 5                                   | 6                                   |
| APPEARANCE   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| AROMA  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| FLAVOR   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| TEXTURE  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| OVERALL ACCEPTABILITY  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| COMMENTS   |                          |                          |                                     |                                     |                                     |                                     |
| Great taste, but the meat was a little tough.                            |                          |                          |                                     |                                     |                                     |                                     |

6 April 2006



# DA Pam New Product Guidance



## Steps to getting new items into DFAC (Cont'd):

### 5. Conduct cutting

- a. Blind
- b. Without vendors present
- c. Using DA 7456
- d. Then invite vendors back to discuss price and other variables (training, POS, etc)

### 6. Complete new item request form (DA 7457)



**REQUEST TO STOCK NEW LINE ITEMS**

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

|   |  |   |
|---|--|---|
| 1. DATE (YYYYMMDD)<br><br>20020701  | 2. TO: ACCOUNT MANAGER, DSCP<br><br>JUAN ZUNIGA  | 3. PRIME VENDOR REPRESENTATIVE<br><br>STEVEN EDWARDS    |
| 4. REQUEST YOU STOCK THE FOLLOWING ITEM<br>CHEESE, NON-DAIRY, PIZZA BLEND   |  | 5. ITEM IS FOR USE BY (Installation(s))<br>FORT HUNTLEY |
| 6. DSCP CATALOG NUMBER<br><br>8910-01-E59-XXXX  |  |   |
| 7. ITEM DESCRIPTION   |  |   |
| a. MANUFACTURER<br><br>VEGGIE SOLUTIONS   |  | b. MANUFACTURER'S SKU IF KNOWN<br>196-0403A             |
| c. UNIT OF ISSUE<br><br>LB  | d. BRAND NAME<br><br>SOYGOOD DAIRY FREE CHEESE   |   |
| 8. ESTIMATED WEEKLY USE (Estimate number of cases.<br>Estimate does not commit installation to purchasing this number of cases; is an estimate only.)<br><br>3 CASES (15 LBS/CASE)                | 9. WILL CATALOGING THIS ITEM RESULT IN REDUCING USAGE OF AN ITEM ALREADY IN YOUR CATALOG?<br><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |
| 10. IF YES, IDENTIFY THE STOCK NUMBER OF THE ITEM FOR WHICH USAGE WILL BE REDUCED<br><br>8910-01-E59-ZZZZ   | 11. IF YES, PROVIDE THE ITEM DESCRIPTION<br>CHEESE, MOZZARELLA<br>WILSON DAIRY 199-1477<br>EA<br>MIDWEST'S BEST MOZZARELLA   |   |
| 12. COMMENTS (Include statement as to whether this stock number is required to support a commercial concept.)<br><br>REQUEST INITIATED DUE TO SUFFICIENT DINER DEMAND FOR VEGAN/VEGETARIAN PIZZA. |  |   |
| 13. REQUESTED BY (Food Program Manager)<br><br>DANTE EVANS  |  | 14. DATE (YYYYMMDD)<br><br>20020701                     |

NOTE: Provide a copy of this request to both your DSCP and prime vendor account managers simultaneously to expedite stockage of the items desired.



# DA Pam New Product Guidance



## Steps to getting new items into DFAC (Cont'd):

7. Follow-up with Master Item File

8. Follow-up with Recipe Cards

9. Follow-up with usage



# What do I do if I get bad subsistence?



# DA Pam Guidance on Reporting Unsatisfactory Subsistence



- DD 1608 rescinded
- DA Pam 30-22 Appendix H
- DA 7589 (Garrison SPV)



For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

3. TO  
Subsistence Prime Vendor Office  
Defense Supply Center, Philadelphia

|                         |                      |
|-------------------------|----------------------|
| 6. NAME OF PRIME VENDOR | Richard's Fine Foods |
|-------------------------|----------------------|

|    |                  |
|----|------------------|
| C. | VENDOR SKU # (s) |
|----|------------------|

VC 1234

|         |
|---------|
| MF 5678 |
|---------|

(4)

(1) Requested 4 cases, delivery ticket indicated 4 cases, count revealed only 3 cases

|   |
|---|
| (2) Requested 180 LBS of boneless pork loin. Vendor delivered 160 LBS of pork loin bone-in. I was not contacted and did not approve substitution. Bone-in requires a higher poundage to feed the same number of personnel, therefore I had to change menu to feed Soldiers. |
|---|

\*Delivery driver stated that the vendor could not return to Fort Defiance with a same day replacement for these items. He said that it was too far and time consuming.

\*\*SSM Note: I contacted the customer rep and was told that redelivery was not possible. This problem was referred to the DSCP account manager via phone call 30 March.

| YES | NO |
|-----|----|
|-----|----|

×

X

X

X

d DATE (YYYYMMDD)  
20060330

d. DATE (YYYYMMDD)  
20060330

6 April 2006



# DA Pam Guidance on Reporting Unsatisfactory Subsistence



- DD 1608 rescinded
- DA 7589 (Garrison SPV)
- DA 7590 (Operational Rations)
  - Defective items
  - Soldier preferences



| OPERATIONAL RATING QUALITY FEEDBACK  |                      |  |                     |   |   |                    |                                  |                   |  |
|--|----------------------|--|---------------------|---|---|--------------------|----------------------------------|-------------------|--|
| For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.   |                      |  |                     |   |   |                    |                                  |                   |  |
| 1. RATION REPORTED<br><input type="checkbox"/> MRE<br><input type="checkbox"/> UGR-H&S<br><input checked="" type="checkbox"/> UGR-A<br><input type="checkbox"/> OTHER  |                      | 2. RATION COMPONENT<br>(specific item name)<br>Pork Chops  |                     | 3. RATION REPORTED<br><input type="checkbox"/> RATION WAS USED<br><input checked="" type="checkbox"/> FIELD TRAINING EXERCISE<br><input type="checkbox"/> CONVOY<br><input type="checkbox"/> RANGE TRAINING   |   |                    | 4. DATE (YYYYMM)<br><br>20060330 |                   |  |
| 5. EXPLANATION<br><br>There should be 50 Pork Chops in the box but there were only 46. Some Pork Chops were thin while others were normal thickness. The five Pork Chops on the top were dark and dry. I had to call the Vets to inspect and switch menus. |                      |  |                     |   |   |                    |                                  |                   |  |
| 6. RECOMMENDATION  |                      |  |                     |   |   |                    |                                  |                   |  |
| 7. RATION WAS<br><input type="checkbox"/> HEATED<br><br><input type="checkbox"/> NOT HEATED  |                      | 8. TEMP WHEN EATEN<br><input type="checkbox"/> HOT<br><br><input type="checkbox"/> WARM<br><br><input type="checkbox"/> COLD |                     | 9. FIELD CONDITIONS<br>A. TEMPERATURE <input type="checkbox"/> HOT <input type="checkbox"/> COLD <input type="checkbox"/> MODERATE<br>B. HUMIDITY <input type="checkbox"/> DRY <input type="checkbox"/> NORMAL <input type="checkbox"/> MUGGY<br><input type="checkbox"/> MIST/FOG <input type="checkbox"/> RAIN/SNOW<br>C. TERRAIN <input type="checkbox"/> DESERT <input type="checkbox"/> SWAMP <input type="checkbox"/> FOREST<br><input type="checkbox"/> JUNGLE <input type="checkbox"/> FLATLAND <input type="checkbox"/> HILL <input type="checkbox"/> MOUNTAIN |   |                    |                                  |                   |  |
| 10. OVERALL OPIONION OF OPERATION RATINGS  |                      |  |                     |   |   |                    |                                  |                   |  |
| 1  | 2                    | 3  | 4                   | 5   | 6   | 7                  | 8                                | 9                 |  |
| Dislike<br>Extremely   | Dislike<br>Very Much | Dislike<br>Moderately  | Dislike<br>Slightly | Neither   | Like<br>Slightly                              | Like<br>Moderately | Like Very<br>Much                | Like<br>Extremely |  |
| 11. OVERALL OPIONION OF THE TYPE OF RATION BEING REPORTED  |                      |  |                     |   |   |                    |                                  |                   |  |
| 1  | 2                    | 3  | 4                   | 5   | 6   | 7                  | 8                                | 9                 |  |
| Dislike<br>Extremely   | Dislike<br>Very Much | Dislike<br>Moderately  | Dislike<br>Slightly | Neither   | Like<br>Slightly                              | Like<br>Moderately | Like Very<br>Much                | Like<br>Extremely |  |
| 12. DEMOGRAPHIC INFORMATION  |                      |  |                     |   | 13. PERSONAL INFORMATON                       |                    |                                  |                   |  |
| a. YEARS OF SERVICE  |                      |  | d. GENDER           |   | a. NAME<br>Janice Jones                       |                    |                                  |                   |  |
| b. RANK  |                      |  | e. MOS/AOC          |   | b. TELEPHONE NUMBER<br>DSN 867-5309           |                    |                                  |                   |  |
| c. AGE   |                      |  |                     |   | c. E-MAIL ADDRESS<br>janice.jones@us.army.mil |                    |                                  |                   |  |



| OPERATIONAL RATING QUALITY FEEDBACK  |                      |   |   |  |                          |  |                   |                   |
|--|----------------------|---|---|--|--------------------------|--|-------------------|-------------------|
| For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.               |                      |   |   |  |                          |  |                   |                   |
| 1. RATION REPORTED   |                      | 2. RATION COMPONENT<br>(specific item name) |   | 3. RATION REPORTED   |                          |  | 4. DATE (YYYYMM)  |                   |
| <input type="checkbox"/> MRE   |                      | Module menu # 14                            |   | <input type="checkbox"/> RATION WAS USED   |                          | <input type="checkbox"/> DEPLOYMENT                    |                   | 20060330          |
| <input type="checkbox"/> UGRH&S  |                      |   |   | <input checked="" type="checkbox"/> FIELD TRAINING EXERCISE  |                          | <input type="checkbox"/> STORAGE                       |                   |                   |
| <input checked="" type="checkbox"/> UGRA   |                      |   |   | <input type="checkbox"/> CONVOY  |                          |  |                   |                   |
| <input type="checkbox"/> OTHER   |                      |   |   | <input type="checkbox"/> RANGE TRAINING  |                          |  |                   |                   |
| 5. EXPLANATION   |                      |   |   |  |                          |  |                   |                   |
| The Pork Chops in this meal are too small, dry, and tough to eat.                      |                      |   |   |  |                          |  |                   |                   |
| 6. RECOMMENDATION  |                      |   |   |  |                          |  |                   |                   |
| Buy larger Pork Chops and use a different company or replace Pork Chops with BBQ Pork. |                      |   |   |  |                          |  |                   |                   |
| 7. RATION WAS  |                      | 8. TEMP WHEN EATEN                          |   | 9. FIELD CONDITIONS  |                          |  |                   |                   |
| <input checked="" type="checkbox"/> HEATED   |                      | <input type="checkbox"/> HOT                |   | A. TEMPERATURE <input type="checkbox"/> HOT <input type="checkbox"/> COLD <input checked="" type="checkbox"/> MODERATE                       |                          |  |                   |                   |
| <input type="checkbox"/> NOT HEATED  |                      | <input checked="" type="checkbox"/> WARM    |   | B. HUMIDITY <input type="checkbox"/> DRY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> MUGGY                           |                          |  |                   |                   |
|  |                      | <input type="checkbox"/> COLD               |   | <input type="checkbox"/> MIST/FOG <input type="checkbox"/> RAIN/SNOW   |                          |  |                   |                   |
|  |                      |   |   | C. TERRAIN <input type="checkbox"/> DESERT <input type="checkbox"/> SWAMP <input type="checkbox"/> FOREST                                    |                          |  |                   |                   |
|  |                      |   |   | <input type="checkbox"/> JUNGLE <input checked="" type="checkbox"/> FLATLAND <input type="checkbox"/> HILL <input type="checkbox"/> MOUNTAIN |                          |  |                   |                   |
| 10. OVERALL OPINION OF OPERATION RATINGS   |                      |   |   |  |                          |  |                   |                   |
| 1  | 2                    | 3   | 4   | 5  | 6                        | 7  | 8                 | 9                 |
| Dislike<br>Extremely   | Dislike<br>Very Much | Dislike<br>Moderately                       | Dislike<br>Slightly                                     | Neither  | Like<br>Slightly         | <input checked="" type="checkbox"/> Like<br>Moderately | Like Very<br>Much | Like<br>Extremely |
| 11. OVERALL OPINION OF THE TYPE OF RATION BEING REPORTED                               |                      |   |   |  |                          |  |                   |                   |
| 1  | 2                    | 3   | 4   | 5  | 6                        | 7  | 8                 | 9                 |
| Dislike<br>Extremely   | Dislike<br>Much      | Dislike<br>Moderately                       | <input checked="" type="checkbox"/> Dislike<br>Slightly | Neither  | Like<br>Slightly         | Like<br>Moderately                                     | Like Very<br>Much | Like<br>Extremely |
| 12. DEMOGRAPHIC INFORMATION  |                      |   |   |  | 13. PERSONAL INFORMATION |  |                   |                   |
| a. YEARS OF SERVICE  |                      | d. GENDER                                   |   |  | a. NAME                  |  |                   |                   |
| 3  |                      | Male  |   |  | Joe Smith                |  |                   |                   |
| b. RANK  |                      | e. MOS/AOC                                  |   |  | b. TELEPHONE NUMBER      |  |                   |                   |
| SPC  |                      | 77 W  |   |  | DSN 555-555              |  |                   |                   |
| c. AGE   |                      |   |   |  | c. E-MAIL ADDRESS        |  |                   |                   |
| 24   |                      |   |   |  | joe.smith@us.army.mil    |  |                   |                   |





**Does ACES know that  
AR 735-5 has been  
updated?**



## DA Pam Guidance on Using AR 735-5



- AR 735-5 updated
- DA Form 4697 replaced by DD Form 200
- \$500 threshold
- \$4000 threshold



# How does this BDFA thing work?



# DA Pam BDFA Guidance



- Holiday Allowance Computation
- Meal Allocation



# DA Pam BDFA Guidance



- Manual method to compute holiday BFDA
  - Basic Daily Food Allowance times the Holiday allowance:  
25% = Holiday increase
  - Add Holiday increase to lunch portion of BDFA Holiday  
BDFA
  - \$8.00 (BDFA) x .25 (25%) = \$2.00
  - \$3.20 (lunch BDFA) + \$2.00 = \$5.20



# DA Pam BDFA Guidance



## BDFA breakdown by meal value

### PRIMARY

- 20% Breakfast
- 40% Lunch
- 40% Dinner
- 45% Brunch
- 55% Supper

### SECONDARY

- 30% Breakfast
- 40% Lunch
- 30% Dinner
- 45% Brunch
- 55% Supper



# Why Risk Management?



# DA Guidance on Risk Management



## Revised Key Points:

Cooking

Hot/Cold Holding

## Responsible Personnel:

Food Operations Sergeant

Shift Leader

Cook Personnel





# DA Guidance on Risk Management



## Monitoring Requirements

### Cooking

Breakfast -- 4 hot items

Lunch/Dinner > 3 entrée items

Brunch/Supper > 3 other hot items

\*All leftover items must attain an internal temperature of 165 F\*



# DA Guidance on Risk Management



## Monitoring Requirements

### Hot Serving

Breakfast – 4 items + 1 self service item

|               |   |                      |
|---------------|---|----------------------|
| Lunch/Dinner  | > | 2 entrée items       |
| Brunch/Supper |   | 1 starch/1 vegetable |
|               |   | 2 self-service items |

\*Check the same items throughout the meal\*

\*Check the items prior to opening the meal\*

\*Check every 30 minutes\*



# DA Guidance on Risk Management



## Monitoring Requirements

### Cold Serving

Breakfast/Lunch/Dinner  
Brunch/Supper

3 items

\*Items monitored should be from the following stations:

- Salad Bar
- Sandwich Bar
- Cold Bar {Self-service}
- Dessert Refrigerator
- Condiment Station {Refrigerated}



# DA Guidance on Risk Management



## Risk Management Finalization:

TB Med 530 (DA 5161)

Preventative Medicine (PM)

FPM

Action Plan



| COMPREHENSIVE FOOD ESTABLISHMENT INSPECTION   |  |  |  |  |   |                                   |
|---|--|--|--|--|---|-----------------------------------|
| For use of this form, see TB MED 530; the proponent agency is the OTSG.   |  |  |  |  |   |                                   |
| 1. ESTABLISHMENT NAME   |  | 2. BUILDING NO.  |  | 3. ESTABLISHMENT ADDRESS (Include Installation and MACOM)  |   |                                   |
| 4. PERSON-IN-CHARGE   |  |  | 5. COPY REPORT FURNISHED TO  |  |   |                                   |
| 6. TYPE OF ESTABLISHMENT  |  | 7. RATING  |  | 8. PURPOSE   |   |                                   |
| <input type="checkbox"/> 1. Troop Dining Facility<br><input type="checkbox"/> 2. Cafeteria<br><input type="checkbox"/> 3. Snack Bar<br><input type="checkbox"/> 4. Hospital Dining Facility |  | <input type="checkbox"/> 1. Excellent<br><input type="checkbox"/> 2. Satisfactory<br><input type="checkbox"/> 3. Unsatisfactory<br><input type="checkbox"/> 4. Other (specify) |  | <input type="checkbox"/> 1. Initial<br><input type="checkbox"/> 2. Routine<br><input type="checkbox"/> 3. Follow-Up<br><input type="checkbox"/> 4. Other (specify) |   |                                   |
| 9. DURATION OF INSPECTION (Minutes)   |  | 10. STANDARDS/REQUIREMENTS (Indicate all that have not been met.) (Paragraphs of TB MED 530 that explain each requirement are listed on page 2.)                               |  |  |   |                                   |
| DESCRIPTION   |  | PTS  | DESCRIPTION  | PTS  | DESCRIPTION   | PTS                               |
| <b>FOOD</b><br>*1 Approved source, sound condition, no evidence of spoilage   |  | 5  | <b>FOOD EQUIPMENT AND UTENSILS (con't)</b><br>21 Wash and rinse water clean and proper temperature                                   | 2  | <b>GARBAGE AND REFUSE DISPOSAL (con't)</b><br>35 Outside storage area properly constructed, clean; adequate container washing facilities                                    | 1                                 |
| 2 Original container, properly labeled  |  | 1  | *22 Sanitization rinse is clean and at correct temperature, concentration, exposure time, and pressure                               | 5  | <b>INSECT, RODENT, OTHER ANIMAL CONTROL</b><br>*36 No evidence of insects/rodents or other unauthorized animals   | 4                                 |
| <b>FOOD PROTECTION</b><br>*3 PHF meets time/temperature requirements during storage, preparation, display, service, transport, and leftover   |  | 5  | 23 Wiping cloths: clean, restricted in use, stored in sanitizing solution  | 1  | <b>FLOORS, WALLS, AND CEILINGS</b><br>37 Floors: in good repair, proper drainage, proper construction and materials, durable floor covering, dustless cleaning methods used | 2                                 |
| *4 Equipment to maintain product temperatures   |  | 4  | *24 Food contact surfaces of equipment and utensils: clean, sanitized between uses, free of abrasives/detergents                     | 4  | 38 Walls, ceilings, attached equipment: constructed properly, in good repair, clean surfaces, dustless cleaning methods used  | 1                                 |
| 5 Thermometers provided, must be conspicuous and accurate   |  | 1  | 25 Nonfood contact surfaces of equipment and utensils clean  | 1  | <b>LIGHTING</b><br>39 Lighting adequate, fixtures shielded, protected   | 1                                 |
| *6 Proper tempering/thawing of PHF  |  | 4  | 26 Proper storage, handling of clean, sanitized equipment and utensils   | 2  | <b>VENTILATION</b><br>40 Rooms and equipment vented as required   | 1                                 |
| *7 PHF offered for self-service, not re-served  |  | 3  | 27 Single-service items: not reused, properly stored, and dispensed  | 2  | *41 Filters and grease extracting equipment clean and properly installed  | 4                                 |
| 8 PHF protected during storage, preparation, display, service, and transport  |  | 2  | <b>WATER</b><br>*28 Safe approved sources, adequate hot and cold water, adequate pressure  | 4  | <b>DRESSING ROOMS/AREAS</b><br>42 Clean, lockers provided, convenient location, used  | 1                                 |
| 9 Handling of food/ice minimized  |  | 2  | <b>SEWAGE</b><br>*29 Adequate sewage and liquid waste disposal   | 4  | <b>OTHER OPERATIONS</b><br>*43 Necessary toxic items properly stored, labeled, used   | 4                                 |
| 10 In use, food/ice utensils properly stored  |  | 1  | <b>PLUMBING</b><br>30 Installed, maintained properly   | 1  | 44 Premises: maintained free of litter, no unnecessary articles or equipment, maintenance equipment properly stored, authorized personnel only                              | 1                                 |
| <b>PERSONNEL</b><br>11 Training program records available   |  | 1  | *31 No cross-connection, potential back siphonage, backflow  | 5  | 45 Clean/soiled linen properly stored   | 1                                 |
| 12 Person in charge certified   |  | 3  | <b>TOILET AND LAVATORY FACILITIES</b><br>32 Adequate number, convenient, accessible, designed and installed properly                 | 3  | 46 Complete separation of food operations from living/sleeping quarters, laundry  | 1                                 |
| *13 No evidence of communicable diseases, skin infections, cuts, burns  |  | 5  | 33 Toilet rooms enclosed with self-closing doors; in good repair; adequate handwashing and drying; waste receptacles                 | 3  | 47 Other (specify)  | 1                                 |
| *14 Hands washed and clean, good hygiene practices  |  | 5  | <b>GARBAGE AND REFUSE DISPOSAL</b><br>34 Containers or receptacles covered, adequate number, vermin-proof, emptied frequently, clean | 3  | <b>RATING SCORE IF USED</b><br>48 (Sum 1-47; subtract from 118)   |                                   |
| 15 Clean work garments hair restraints; no unauthorized jewelry, watches  |  | 2  |  |  | <b>FOLLOW-UP</b>  |                                   |
| 17 Nonfood contact surfaces properly designed, constructed, installed, located, and maintained  |  | 2  |  |  | 49 Yes..... <input type="checkbox"/>  |                                   |
| 18 Warewashing machine properly designed, constructed, installed, located, and maintained   |  | 2  |  |  | 50 No..... <input type="checkbox"/>   |                                   |
| *19 Accurate temperature measuring devices and chemical test kits provided/used   |  | 3  |  |  |   |                                   |
| 20 Utensils preflushed, scraped, soaked   |  | 1  |  |  |   |                                   |
| *Critical deficiencies requiring immediate correction - Use DA Form 5161-1R for additional remarks.   |  |  |  |  |   |                                   |
| 11. NAME AND SIGNATURE OF INSPECTOR   |  |  |  | 12. TIME OF INSPECTION   |   | 13. DATE OF INSPECTION (YYYYMMDD) |
| 14. NAME AND SIGNATURE OF PERSON-IN-CHARGE  |  |  |  | 15. DATE RECEIVED (YYYYMMDD)   |   |                                   |

6 April 2006

# RISK MANAGEMENT DATA LOG - HOT OR COLD SERVING

For use of this form, see DA PAM 3022; the proponent agency is DCS, G4.

|   |  |  |             |  |
|---|--|--|-------------|--|
| 1. DATE (YYYYMMDD)<br><br>20060330  | 2. MEAL<br><input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____ |  |             |  |
| PROCESS: HOT OR COLD SERVING<br><br>CATEGORY: 1 (hot $\geq 140^\circ$ ) 2 (cold holding $\leq 40^\circ$ ) |  | 3a. MONITORED BY<br>SSG Piggott<br><br>3b. TITLE<br>Shift Leader |             | 3c. UNT<br>49th STB<br>DFAC: 8400<br>Fort Lee, VA  |
| 4. FOOD/MENU ITEM AND CATEGORY  | 5. LOCATION  | 6. TIME  | 7. TEMP (F) | 8. CORRECTIVE ACTION<br><i>Mandatory for noncompliance</i>                                       |
| Ambient Temp<br><br>CAT: 6  | Reach in #1  | 1115   | 38          |  |
|   |  |  |             |  |
|   |  |  |             |  |
|   |  |  |             |  |
| Ambient Temp<br><br>CAT: 6  | Reach in #2  | 1118   | 38          |  |
|   |  |  |             |  |
|   |  |  |             |  |
|   |  |  |             |  |
| Macaroni Salad<br><br>CAT: 5  | Reach in #2  | 1120   | 52          | Place in ice bath for rapid cooling  |
|   |  | 1135   | 37          |  |
|   |  |  |             |  |
|   |  |  |             |  |
| Ambient Temp<br><br>CAT: 6  | Walk-in refer  | 1125   | 39          | OK within +/- 2 F  |
|   |  |  |             |  |
|   |  |  |             |  |
|   |  |  |             |  |
| Macaroni Salad<br><br>CAT: 5  | Salad Bar #1   | 1138   | 37          | Discard after meal (1330)<br>Adjust salad bar temperature down                                   |
|   |  | 1210   | 40          |  |
|   |  | 1230   | 44          |  |
|   |  |  |             |  |
| Potato Salad<br><br>CAT: 5  | Salad Bar #1   | 1138   | 40          | Dicard after meal (1330)<br>Call in work order to adjust salad bar temp<br>Work order #QAF01512J |
|   |  | 1200   | 44          |  |
|   |  | 1230   | 47          |  |
|   |  | 1335   |             |  |
| Fruit Cocktail<br><br>CAT: 5  | Salad Bar #2   | 1142   | 40          | Self-service; discard after meal (1330)  |
|   |  | 1205   | 40          |  |
|   |  | 1235   | 42          |  |
|   |  |  |             |  |

Record followup temperature checks in column 7 for original item entries that were found deficient. When holding items hot or cold for more than 1 hour during a meal period, a minimum of two temperature checks are required. *(Establish an SOP for monitoring interval.)*

# RISK MANAGEMENT DATA LOG - COOKING

For use of this form, see DA PAM 3022; the proponent agency is DCS, G4.

| 1. DATE (YYYYMMDD)<br>20060330   |                         | 2. MEAL<br><input type="checkbox"/> BREAKFAST <input checked="" type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> OTHER _____ |                      |   |  |   |
|--|-------------------------|--|----------------------|---|--|---|
| PROCESS COOKING AND/OR RE-HEATING LEFTOVERS<br><br>CATEGORY: 1 ( <u>≥ 145F</u> ) 2 ( <u>≥ 155F</u> ) 3 ( <u>≥ 165F</u> )   |                         | 3a. MONITORED BY<br>SSG Piggott  |                      |   | 3c. UNIT<br>49th STB<br>DFAC: 8400<br>Fort Lee, VA |   |
|  |                         | 3b. TITLE<br>Shift Leader  |                      |   |  |   |
| 4. FOOD/MENU ITEM AND CATEGORY   | 5. EQUIPMENT NAME       | 6. TIME  | 7. INTERNAL TEMP (F) | 8. CORRECTIVE ACTION<br><i>Mandatory for non compliance</i> |  | 9. COMMENTS   |
|  |                         |  |                      | CONTINUE COOKING  | RE-CHECK OF TEMP                                   |   |
| Roast Pork<br><br>CAT: 2   | Combi Oven #1           | 1100   | 138                  | X   |  | Re-check temp in 10 minutes; continue to monitor every 10 minutes until 155F is achieved. |
|  |                         | 1115   | 152                  | X   | X  |   |
|  |                         | 1125   | 158                  |   | X  |   |
|  |                         |  |                      |   |  |   |
| Leftover Chili with Beef<br><br>CAT: 3   | Range                   | 1105   | 162                  | X   |  | Re-check temp in 10 minutes   |
|  |                         | 1115   | 168                  |   | X  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
| Chicken Noodle Soup<br><br>CAT: 3  | Steam Kettle            | 1105   | 168                  |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
| Steamed Rice<br><br>CAT: 1   | Combi Oven #2           | 1120   | 170                  |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
| Grilled Hamburger<br><br>CAT: 2  | Griddle, Short Order #1 | 1130   | 160                  |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
| Chicken Nuggets<br><br>CAT: 3  | Deep Fat Fryer          | 1133   | 182                  |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
|  |                         |  |                      |   |  |   |
| Spot check internal cooking temperatures at end of programmed cooking cycle.<br>Continue cooking if temperature standard not achieved. Make a note in the comments and take a follow up temperature. |                         |  |                      |   |  |   |



# What is an Action Plan?





# DA Pam Action Plan Guidance



- Format for an Action Plan
  - Evaluation
  - Observation
    - Problem
    - Regulatory Guidance
    - Action Required
- Commander's Guide



# DA Pam Action Plan Guidance



## Drafting the Action Plan

- Commander and food advisor/supervisor
- Issue Analysis
  - Prioritize issues
    - Time vs. Volume
    - Follow-up
    - Accomplishable
  - Address individually
  - Three paragraph format
- Explained in writing and vocally



# Questions



- ✓ How long should I keep these Food Program Records?
- ✓ How do I get new products into my dining facility?
- ✓ What do I do if I get bad subsistence?
- ✓ Does ACES know that AR 735-5 has been updated?
- ✓ How does this BDFA thing work?
- ✓ Why Risk Management?
- ✓ What is an Action Plan?



# Questions?

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